


DEPARTMENT OF THE TREASURY BUREAU OF ALCOHOL, TOBACCO AND FIREARMS APPLICATION FOR LICENSE UNDER 18 U.S.C. Chapter 44, FIREARMS		FOR ATF USE ONLY FOR INTERNAL REVENUE SVC. CTR. USE ONLY	3165606270005
1. NAME OF OWNER OR CORPORATION: (If partnership, include name of each partner) JAMES THOMAS FARMER, JR.			
2. TRADE NAME, IF ANY JIM'S GUNS & WHATEVER		3. EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NO.	
4. NAME OF COUNTY IN WHICH BUSINESS IS LOCATED GREENE		5. BUSINESS ADDRESS (RFD or street no., city, state, zip code) 1148 RICHFIELD CENTER DAYTON, OHIO 45430	
6. BUSINESS LOCATION (If no street address in item 5, show directions & distance from nearest P.O. or city limits) 1148 RICHFIELD CENTER DAYTON, OHIO 45430		7. TELEPHONE NUMBER (Include Area Code) BUSINESS (UNUSUAL AT PRESENT) 513-429-2606 RESIDENCE 513-256-9074	
8. APPLICANT'S BUSINESS IS <input checked="" type="checkbox"/> INDIVIDUALLY OWNED <input type="checkbox"/> A CORPORATION <input type="checkbox"/> A PARTNERSHIP <input type="checkbox"/> OTHER (Specify)		9. APPLICANT'S BUSINESS IS LOCATED IN <input checked="" type="checkbox"/> A COMMERCIAL BUILDING <input type="checkbox"/> A RESIDENCE (See instruction 4) <input type="checkbox"/> OTHER (Specify)	
10. IS ANY BUSINESS OTHER THAN THAT FOR WHICH THE LICENSE APPLICATION IS BEING MADE CONDUCTED ON THE BUSINESS PREMISES. (If "Yes" give the general nature of that business) <input checked="" type="checkbox"/> YES SALES OF SURPLUS ITEMS <input checked="" type="checkbox"/> NO POUNCE SUPPLIES BY APPLICANT			
11. APPLICATION IS MADE FOR A LICENSE UNDER 18 U.S.C. CHAPTER 44 AS 6: (Place an (X) in column (b) of the appropriate line. Submit the fee shown in column (c) with the application.)			
LINE NO.	TYPE OF LICENSE	"X" D	FEE C
1	IMPORTER OF DESTRUCTIVE DEVICES OR AMMUNITION FOR DESTRUCTIVE DEVICES		\$1,000
2	IMPORTER OF FIREARMS OTHER THAN DESTRUCTIVE DEVICES OR AMMUNITION FOR OTHER THAN DESTRUCTIVE DEVICES		\$50
3	MANUFACTURER OF DESTRUCTIVE DEVICES OR AMMUNITION FOR DESTRUCTIVE DEVICES		\$1,000
4	MANUFACTURER OF FIREARMS OTHER THAN DESTRUCTIVE DEVICES OR AMMUNITION FOR OTHER THAN DESTRUCTIVE DEVICES		\$50
5	MANUFACTURER OF AMMUNITION FOR FIREARMS OTHER THAN DESTRUCTIVE DEVICES	X	\$10
6	DEALER IN DESTRUCTIVE DEVICES OR AMMUNITION FOR DESTRUCTIVE DEVICES		\$1,000
7	PAWNBROKER DEALING IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES OR AMMUNITION FOR FIREARMS OTHER THAN DESTRUCTIVE DEVICES		\$25
8	DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES OR AMMUNITION FOR OTHER THAN DESTRUCTIVE DEVICES (INCLUDES: <input checked="" type="checkbox"/> Rifles <input checked="" type="checkbox"/> Shotguns <input checked="" type="checkbox"/> Pistols <input checked="" type="checkbox"/> Revolvers <input type="checkbox"/> Ammunition only <input checked="" type="checkbox"/> Gunsmith activities <input type="checkbox"/> NFA Weapons) (Check one or more)	X	\$10
9	COLLECTOR OF CURIOS AND RELICS (Note: Omit items 13 and 14 if checked here.)		\$10
12. PAYMENT FOR THE LICENSE, MADE PAYABLE TO THE INTERNAL REVENUE SERVICE IS ATTACHED OR ENCLOSED IN THE FORM OF: <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> OTHER (Specify)			AMOUNT SUBMITTED \$20.00
13. HOURS OF OPERATION OF APPLICANT'S BUSINESS			
TIME	SUNDAY	MONDAY	TUESDAY
OPEN	-	10AM	10AM
CLOSE	-	6PM	6PM
WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
10AM	10AM	10AM	9AM
6PM	6PM	6PM	5PM
14. ARE THE APPLICANT'S BUSINESS PREMISES OPEN TO THE GENERAL PUBLIC DURING THESE HOURS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If no, give explanation on separate sheet)			
15. APPROXIMATELY HOW MANY FIREARMS WERE SOLD BY APPLICANT DURING THE PRECEDING TWELVE MONTHS NONE		16. IS APPLICANT PRESENTLY ENGAGED IN A BUSINESS REQUIRING A FEDERAL FIREARMS LICENSE (If yes, answer 17 to 20) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OFFICER IN AMMO MANE CORP	
17. PRESENT LICENSE NUMBER 430506JB-06518		18. DATE FIREARM BUSINESS COMMENCED AUGUST 1968	
IF BUSINESS OBTAINED FROM SOMEONE ELSE GIVE			
19. NAME		20. LICENSE NUMBER	

21. LIST BELOW THE INFORMATION REQUIRED FOR EACH INDIVIDUAL OWNER, PARTNER, AND OTHER RESPONSIBLE PERSONS (see Instruction 6) IN THE APPLICANT BUSINESS. IF A FEMALE, LIST GIVEN NAMES AND MAIDEN, IF MARRIED, e.g., "MARY ALICE (SMITH) JONES," NOT "MRS. JOHN JONES." (If additional space is needed use a separate sheet.)				
FULL NAME	POSITION AND SOCIAL SECURITY NO.	HOME ADDRESS (Include Zip Code)	PLACE OF BIRTH	DATE OF BIRTH
*JAMES THOMAS FARMER, JR.	OWNER 292-48-5998	1121 HOLLY AVENUE DAYTON, OHIO 45410	DAYTON, OHIO	JUNE 18, 1948
				
78 MAR 8 8:58 BUR AT CENTRAL REGION FIELD SERVICES				
NOTE: IN ANSWER TO #22 B+C, I AM CURRENTLY VICE PRESIDENT OF CBR LABS, INC., A LICENSED AMMO MANF. I ONCE APPLIED FOR A FIREARMS DEALERS LICENSE AND WAS TURNED DOWN BECAUSE I HAD NO RETAIL SALES LOCATION, ALTHOUGH I HAVE ONE NOW. IF IT WILL SIMPLIFY CHECKING ME OUT, I CURRENTLY HOLD DAYTON SPECIAL POLICE BADGE #1656.				
22. HAS APPLICANT OR ANY PERSON LISTED ABOVE: (If "Yes" place an (X) by the name and show the city and state at right)			YES	NO
A. HELD A FIREARMS LICENSE				X
B. BEEN DENIED FIREARMS LICENSE (HAD NO SALES LOCATION AT TIME)			X	
C. BEEN AN OFFICER IN A CORPORATION DEALING IN FIREARMS (AMMO MANF.)			X	
D. BEEN AN EMPLOYEE RESPONSIBLE FOR FIREARMS ACTIVITIES OF A LICENSED DEALER			X	
			CITY	DAYTON
			STATE	OHIO
GIVE FULL DETAILS ON SEPARATE SHEET FOR ALL "Yes" ANSWERS IN ITEMS 23 & 24.				
23. IS APPLICANT OR ANY PERSON NAMED IN ITEM 21 ABOVE:		YES NO		
A. CHARGED BY INFORMATION OR UNDER INDICTMENT IN ANY COURT FOR A CRIME PUNISHABLE BY IMPRISONMENT FOR A TERM EXCEEDING ONE YEAR		X		
B. A FUGITIVE FROM JUSTICE		X		
C. AN ALIEN WHO IS ILLEGALLY OR UNLAWFULLY IN THE UNITED STATES		X		
D. UNDER 21 YEARS OF AGE		X		
E. AN UNLAWFUL USER OF OR ADDICTED TO MARIJUANA OR ANY DEPRESSANT, STIMULANT OR NARCOTIC DRUG		X		
24. HAS APPLICANT OR ANY PERSON NAMED IN ITEM 21 EVER:		YES NO		
A. BEEN CONVICTED IN ANY COURT OF A CRIME PUNISHABLE BY IMPRISONMENT FOR A TERM EXCEEDING ONE YEAR		X		
B. BEEN DISCHARGED FROM THE ARMED FORCES UNDER DISHONORABLE CONDITIONS		X		
C. BEEN ADJUDICATED AS A MENTAL DEFECTIVE OR BEEN COMMITTED TO ANY MENTAL INSTITUTION		X		
D. RENOUNCED HIS CITIZENSHIP, HAVING BEEN A CITIZEN OF THE UNITED STATES		X		
25. CERTIFICATION: Under the penalties imposed by 18 U.S.C. 924, I declare that I have examined this application and the documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct and complete.				
SIGN HERE		TITLE		DATE
James J. Farmer, Jr.				2/23/78
FOR ATF USE				
26. APPLICATION IS		(Give reasons for terminated or disapproved application)		
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> TERMINATED <input type="checkbox"/> DISAPPROVED		for Joyce Thompson		
SIGNATURE OF REGIONAL DIRECTOR		DATE		
Joyce Thompson		APR 11 1978		